

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

**89****Lobbyist's Registration Number****Instructions**

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 203, Baton Rouge LA 70809-7012, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

3. NAME: ROSE Last Jo First A. MI2. BUSINESS PHONE: 335-00723. BUSINESS ADDRESS: 652 WHEATHEAF DRIVE, BATON ROUGE, LA 70810  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_MAILING ADDRESS: 652 WHEATHEAF DRIVE, BATON ROUGE, LA 70810  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_4. EMPLOYER: JO ROSE & ASSOCIATES5. EMPLOYER'S ADDRESS: 652 WHEATHEAF DRIVE, BATON ROUGE, LA 70810  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_6. Have you ceased or terminated all lobbying activities requiring registration? Yes No 

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

8. Name: OFFICE OF THE MAYOR - CITY OF NEW ORLEANSAddress: 1300 PERDIDO, ROOM 2E04, NEW ORLEANS, LA 70112Business or purpose: CITY /PARISH GOVERNMENT New RepresentationDoes this person pay you? YES

If No, who pays you? \_\_\_\_\_

 Terminated Representation as of \_\_\_\_\_FOR OFFICE USE ONLY  
Postmark Date: 11/10/03LSupp10/30/03

## SUPPLEMENTAL REGISTRATION FORM

89  
Lobbyist's Registration Number

2. Name

Address:

Business or purpose:

New Representation

Does this person pay you?

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

3. Name

Address:

Business or purpose:

New Representation

Does this person pay you?

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [I.S.A.R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist